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2024

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ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Oscar Insurance Corporation of Ohio

NAIC Group Code	4818 (Current Period)	4818 (Prior Period)	NAIC Company Code	16202	Employer's ID Number	36-4859637
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health[<input type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[X] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[X]			
Incorporated/Organized	02/17/2017		Commenced Business	01/01/2018		
Statutory Home Office	4400 Easton Commons Way, Suite 125 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	75 Varick Street, 5th Floor New York, NY, US 10013 (Street and Number)		75 Varick Street, 5th Floor (Street and Number)			
Primary Location of Books and Records	New York, NY, US 10013 (City or Town, State, Country and Zip Code)		(646)403-3677 (Area Code) (Telephone Number)			
Internet Website Address	www.hioscar.com		(646)403-3677 (Area Code) (Telephone Number)			
Statutory Statement Contact	Eric Suh (Name) FinancialReporting@hioscar.com (E-Mail Address)		(646)403-3677 (Area Code)(Telephone Number)(Extension) (212)226-1283 (Fax Number)			

OFFICERS

Name	Title	#
Janet Liang	President	
Victoria Baltrus	Treasurer	
Melissa Curtin	Corporate Secretary	

OTHERS

DIRECTORS OR TRUSTEES

Janet Liang #	Fausto Palazzetti
Geoffrey Bartsh #	Sean Martin MD
Lori Nelson #	

State of	Illinois
County of	Cook
	ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Janet Liang
(Printed Name)
1.
President
(Title)

(Signature)
Victoria Baltrus
(Printed Name)
2.
Treasurer
(Title)

(Signature)
Melissa Curtin
(Printed Name)
3.
Corporate Secretary
(Title)

Subscribed and sworn to before me this
____ day of _____, 2025

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	1,289,618		1,289,618	3,442,909
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....28,379,478, Schedule E-Part 1), cash equivalents (\$.....13,230, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA)	28,392,708		28,392,708	24,946,733
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				375,000
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	29,682,326		29,682,326	28,764,642
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	16,355		16,355	37,930
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	142,755		142,755	161,154
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....57,964,473)	57,964,473		57,964,473	47,237,082
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	9,794		9,794	22,912
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				662,261
18.2 Net deferred tax asset	780,233	92,891	687,342	1,145,940
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....11,353,981) and other amounts receivable	12,107,776	606,115	11,501,661	3,095,271
25. Aggregate write-ins for other-than-invested assets	85,439	85,439		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	100,789,151	784,445	100,004,706	81,127,192
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	100,789,151	784,445	100,004,706	81,127,192
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. TPA Deposits	85,439	85,439		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	85,439	85,439		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....32,268 reinsurance ceded)	19,872,666		19,872,666	23,753,205
2. Accrued medical incentive pool and bonus amounts	13,143,326		13,143,326	5,794,655
3. Unpaid claims adjustment expenses	292,695		292,695	329,906
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	716		716	318,352
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves	1,022,057		1,022,057	707,617
8. Premiums received in advance	3,847,981		3,847,981	4,469,495
9. General expenses due or accrued	2,221,903		2,221,903	2,842,490
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	2,005,713		2,005,713	
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	32,318		32,318	21,880
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	742,175		742,175	603,753
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....356,000 current)	356,000		356,000	283,470
24. TOTAL Liabilities (Lines 1 to 23)	43,537,550		43,537,550	39,124,823
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	26,056,333	26,056,333
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	30,410,723	15,945,936
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	56,467,156	42,002,369
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	100,004,706	81,127,192
DETAILS OF WRITE-INS				
2301. Premium Refund Payable	82,085		82,085	38,108
2302. Advanced Premium Tax Credit Payables	273,915		273,915	245,362
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	356,000		356,000	283,470
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	127,170	130,086
1. Member Months	XXX	127,170	130,086
2. Net premium income (including \$.....0 non-health premium income)	XXX	155,842,465	144,883,843
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	155,842,465	144,883,843
Hospital and Medical:			
9. Hospital/medical benefits		88,358,354	72,939,231
10. Other professional services		1,734,440	22,303,095
11. Outside referrals			
12. Emergency room and out-of-area		1,258,525	877,364
13. Prescription drugs		26,595,441	23,809,659
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		9,044,426	
16. Subtotal (Lines 9 to 15)		126,991,186	119,929,349
Less:			
17. Net reinsurance recoveries		67,282	472,024
18. TOTAL Hospital and Medical (Lines 16 minus 17)		126,923,904	119,457,325
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....787,196 cost containment expenses		1,574,315	1,316,800
21. General administrative expenses		11,535,853	11,383,171
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		140,034,072	132,157,296
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	15,808,393	12,726,547
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,003,396	1,268,050
26. Net realized capital gains (losses) less capital gains tax of \$.....0			(22,632)
27. Net investment gains (losses) (Lines 25 plus 26)		1,003,396	1,245,418
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	16,811,789	13,971,965
31. Federal and foreign income taxes incurred	XXX	3,467,973	2,873,426
32. Net income (loss) (Lines 30 minus 31)	XXX	13,343,816	11,098,539
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	42,002,369	41,464,327
34. Net income or (loss) from Line 32	13,343,816	11,098,539
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(398,339)	76,212
39. Change in nonadmitted assets	1,519,310	(636,709)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		(5,853,567)
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		(4,146,433)
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	14,464,787	538,042
49. Capital and surplus end of reporting year (Line 33 plus 48)	56,467,156	42,002,369
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	144,290,410	133,472,515
2.	Net investment income	1,004,263	1,175,223
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	145,294,673	134,647,738
5.	Benefit and loss related payments	129,895,224	121,744,065
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	13,702,474	11,879,137
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	800,000	2,400,000
10.	TOTAL (Lines 5 through 9)	144,397,698	136,023,202
11.	Net cash from operations (Line 4 minus Line 10)	896,975	(1,375,464)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	2,174,000	8,326,689
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(11,444)
12.7	Miscellaneous proceeds	375,000	(375,000)
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	2,549,000	7,940,245
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		2,528,240
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)		2,528,240
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	2,549,000	5,412,005
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		(5,853,567)
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		4,146,433
16.6	Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(10,000,000)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,445,975	(5,963,459)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	24,946,733	30,910,192
19.2	End of year (Line 18 plus Line 19.1)	28,392,708	24,946,733

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) Individual	155,985,950		143,485	155,842,465
2. Comprehensive (hospital and medical) Group				
3. Medicare Supplement				
4. Vision only				
5. Dental only				
6. Federal Employees Health Benefits Plan				
7. Title XVIII - Medicare				
8. Title XIX - Medicaid				
9. Credit A&H				
10. Disability Income				
11. Long-Term Care				
12. Other health				
13. Health subtotal (Lines 1 through 12)	155,985,950		143,485	155,842,465
14. Life				
15. Property/casualty				
16. TOTALS (Lines 13 to 15)	155,985,950		143,485	155,842,465

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	128,234,484	128,234,484												
1.2 Reinsurance assumed														
1.3 Reinsurance ceded	35,014	35,014												
1.4 Net	128,199,470	128,199,470												
2. Paid medical incentive pools and bonuses	1,695,755	1,695,755												
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	19,904,934	19,904,934												
3.2 Reinsurance assumed														
3.3 Reinsurance ceded	32,268	32,268												
3.4 Net	19,872,666	19,872,666												
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	1,022,057	1,022,057												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	1,022,057	1,022,057												
5. Accrued medical incentive pools and bonuses, current year	13,143,326	13,143,326												
6. Net healthcare receivables (a)	6,753,893	6,753,893												
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	23,753,205	23,753,205												
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net	23,753,205	23,753,205												
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	707,617	707,617												
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net	707,617	707,617												
10. Accrued medical incentive pools and bonuses, prior year	5,794,655	5,794,655												
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	117,946,760	117,946,760												
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	67,282	67,282												
12.4 Net	117,879,478	117,879,478												
13. Incurred medical incentive pools and bonuses	9,044,426	9,044,426												

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct	771,072	771,072												
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	771,072	771,072												
2. Incurred but Unreported:														
2.1 Direct	19,133,862	19,133,862												
2.2 Reinsurance assumed														
2.3 Reinsurance ceded	32,268	32,268												
2.4 Net	19,101,594	19,101,594												
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	19,904,934	19,904,934												
4.2 Reinsurance assumed														
4.3 Reinsurance ceded	32,268	32,268												
4.4 Net	19,872,666	19,872,666												

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) Individual	15,612,311	130,323,699	4,745,497	16,149,226	20,357,808	24,460,822
2. Comprehensive (hospital and medical) Group						
3. Medicare Supplement						
4. Vision only						
5. Dental only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII - Medicare						
8. Title XIX - Medicaid						
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	15,612,311	130,323,699	4,745,497	16,149,226	20,357,808	24,460,822
14. Healthcare receivables (a)	3,899,012	13,837,528	2,330,910	9,629,186	6,229,922	5,206,203
15. Other non-health						
16. Medical incentive pools and bonus amounts	1,695,755		4,426,005	8,717,321	6,121,760	5,794,655
17. TOTALS (Lines 13 - 14 + 15 + 16)	13,409,054	116,486,171	6,840,592	15,237,361	20,249,646	25,049,274

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	8,603	9,130	9,142	8,937	8,672
2. 2020	69,102	74,941	76,638	77,520	77,444
3. 2021	XXX	69,677	78,211	80,446	82,255
4. 2022	XXX	XXX	96,087	221,853	222,419
5. 2023	XXX	XXX	XXX	101,104	112,479
6. 2024	XXX	XXX	XXX	XXX	116,486

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	9,798	10,010	9,162	8,950	8,671
2. 2020	81,063	76,209	78,711	77,534	77,446
3. 2021	XXX	86,493	85,236	82,160	82,271
4. 2022	XXX	XXX	120,602	223,385	223,566
5. 2023	XXX	XXX	XXX	128,085	120,486
6. 2024	XXX	XXX	XXX	XXX	141,352

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	95,624	77,444	1,312	1.693	78,756	82.360	2		78,758	82.362
2. 2021	96,974	82,255	996	1.211	83,251	85.849	16		83,267	85.865
3. 2022	128,004	222,419	1,404	0.631	223,823	174.857	1,147	3	224,973	175.755
4. 2023	144,884	112,479	1,127	1.002	113,606	78.412	8,007	63	121,676	83.981
5. 2024	155,842	116,486	1,383	1.188	117,869	75.634	24,866	227	142,962	91.735

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	8,603	9,130	9,142	8,937	8,672
2. 2020	69,102	74,941	76,638	77,520	77,444
3. 2021	XXX	69,677	78,211	80,446	82,255
4. 2022	XXX	XXX	96,087	221,853	222,419
5. 2023	XXX	XXX	XXX	101,104	112,479
6. 2024	XXX	XXX	XXX	XXX	116,486

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	9,798	10,010	9,162	8,950	8,671
2. 2020	81,063	76,209	78,711	77,534	77,446
3. 2021	XXX	86,493	85,236	82,160	82,271
4. 2022	XXX	XXX	120,602	223,385	223,566
5. 2023	XXX	XXX	XXX	128,085	120,486
6. 2024	XXX	XXX	XXX	XXX	141,352

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2020	95,624	77,444	1,312	1.693	78,756	82.360	2		78,758	82.362
2. 2021	96,974	82,255	996	1.211	83,251	85.849	16		83,267	85.865
3. 2022	128,004	222,419	1,404	0.631	223,823	174.857	1,147	3	224,973	175.755
4. 2023	144,884	112,479	1,127	1.002	113,606	78.412	8,007	63	121,676	83.981
5. 2024	155,842	116,486	1,383	1.188	117,869	75.634	24,866	227	142,962	91.735

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Total	3 Individual										
1.	Unearned premium reserves												
2.	Additional policy reserves (a)												
3.	Reserve for future contingent benefits												
4.	Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)												
5.	Aggregate write-ins for other policy reserves	716	716										
6.	TOTALS (Gross)	716	716										
7.	Reinsurance ceded												
8.	TOTALS (Net) (Page 3, Line 4)	716	716										
9.	Present value of amounts not yet due on claims	1,022,057	1,022,057										
10.	Reserve for future contingent benefits												
11.	Aggregate write-ins for other claim reserves												
12.	TOTALS (Gross)	1,022,057	1,022,057										
13.	Reinsurance ceded												
14.	TOTALS (Net) (Page 3, Line 7)	1,022,057	1,022,057										
DETAILS OF WRITE-INS													
0501.	ACA Risk Adjustment Payable	716	716										
0502.	.....											
0503.	.....											
0598.	Summary of remaining write-ins for Line 5 from overflow page												
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	716	716										
1101.	.....											
1102.	.....											
1103.	.....											
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)												

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)					
2. Salaries, wages and other benefits	722,351	296,144	3,050,466		4,068,961
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			23,193		23,193
4. Legal fees and expenses			15,993		15,993
5. Certifications and accreditation fees			130,864		130,864
6. Auditing, actuarial and other consulting services			347,085		347,085
7. Traveling expenses			38,362		38,362
8. Marketing and advertising			1,632,012		1,632,012
9. Postage, express and telephone		29,407	50,412		79,819
10. Printing and office supplies			4,921		4,921
11. Occupancy, depreciation and amortization		1	924,361		924,362
12. Equipment			(4,781)		(4,781)
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services			18,534		18,534
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			301		301
17. Collection and bank service charges			100,259	3,383	103,642
18. Group service and administration fees	23,308	443,487	1,258,744		1,725,539
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes			2,511		2,511
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			8,128		8,128
23.2 State premium taxes			1,627,727		1,627,727
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	41,537	18,080	193,687		253,304
23.5 Other (excluding federal income and real estate taxes)			1,852,457		1,852,457
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			260,617		260,617
26. TOTAL Expenses Incurred (Lines 1 to 25)	787,196	787,119	11,535,853	3,383	(a) 13,113,551
27. Less expenses unpaid December 31, current year	146,355	146,340	2,221,903		2,514,598
28. Add expenses unpaid December 31, prior year	241,327	88,579	2,842,490		3,172,396
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	882,168	729,358	12,156,440	3,383	13,771,349

DETAILS OF WRITE-INS

2501. Interest Penalties			52,560		52,560
2502. Bad Debts			191,296		191,296
2503. Interest Expense on Affiliated Revolving credit line			16,761		16,761
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			260,617		260,617

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	63,404	57,375
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	42,172	26,057
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)			
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	926,575	923,347
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. TOTAL gross investment income		1,032,151	1,006,779
11. Investment expenses	(g)	3,383	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. TOTAL Deductions (Lines 11 through 15)			3,383
17. Net Investment income (Line 10 minus Line 16)			1,003,396
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)			

(a) Includes \$.....20,794 accrual of discount less \$.....85 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....8,030 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)					

NONE

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Investment income due and accrued .....	.....	.....	.....
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	.....
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset	92,891	32,632	(60,259)
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable	606,115	2,185,684	1,579,569
25. Aggregate write-ins for other-than-invested assets	85,439	85,439	.....
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	784,445	2,303,755	1,519,310
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27)	784,445	2,303,755	1,519,310
DETAILS OF WRITE-INS			
1101. .....	.....	.....	.....
1102. .....	.....	.....	.....
1103. .....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....
2501. Prepaid Expenses	85,439	85,439	.....
2502. .....	.....	.....	.....
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	85,439	85,439	.....

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	10,679	10,829	10,862	10,681	10,521	127,170
2. Provider Service Organizations
3. Preferred Provider Organizations
4. Point of Service
5. Indemnity Only
6. Aggregate write-ins for other lines of business
7. TOTAL	10,679	10,829	10,862	10,681	10,521	127,170
DETAILS OF WRITE-INS						
0601.
0602.
0603.
0698. Summary of remaining write-ins for Line 6 from overflow page
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Policies

The financial statements of Oscar Insurance Corporation of Ohio ("The Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

		SSAP #	F/S Page	F/S Line #	Twelve Months Ended December 31, 2024	Twelve Months Ended December 31, 2023
NET INCOME:						
(1)	Net income (loss), OH SAP (Page 4, Line 32, Columns 2 & 3)				\$ 13,343,816	\$ 11,098,539
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)				\$ 13,343,816	\$ 11,098,539
SURPLUS						
(5)	Statutory Surplus, OH SAP (Page 3, Line 33, Columns 3 & 4)				\$ 56,467,156	\$ 42,002,369
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)				\$ 56,467,156	\$ 42,002,369

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned ratably over the terms of the related insurance policies. Ceded premiums are earned ratably over the terms of the applicable reinsurance contracts. Expense incurred in connection with acquiring new insurance business, including acquisition cost such as marketing, are charged to operations as incurred.

In addition, the Company used the following accounting policies:

(1) Short-term investments are stated at amortized cost.

(2) Bonds not backed by other loans are stated at amortized costs using the effective interest method.

(3-9) Not Applicable

(10) The Company anticipates net investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from prior period.

(13) The Company's Pharmacy Benefit Manager, CVS Health, has contractually guaranteed minimum pharmaceutical rebates. These amounts determine the Company's estimated receivable adjusted for payments received.

D. Going Concern

As of March 1, 2025, the management team has evaluated the Company's operations and financial position. No uncertainties or doubt exists about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

5. Investments

A-K. Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale-excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$ 415,034	\$ 423,944	\$ (8,910)		\$ 415,034	0.412 %	0.415 %
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	\$ 415,034	\$ 423,944	\$ (8,910)		\$ 415,034	0.412 %	0.415 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2)-(4) Not Applicable

M-S. Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

<u>Interest Income Due and Accrued</u>	<u>Amount</u>
1. Gross	\$ 16,355
2. Nonadmitted	\$ —
3. Admitted	\$ 16,355

D. The aggregate deferred interest.

	<u>Amount</u>
Aggregate Deferred Interest	\$ —

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

								<u>Amount</u>
Cumulative amounts of PIK interest included in the current principal balance								\$ —

8. Derivative Instruments - Not Applicable

9. Income Taxes

A.

(1) The components of the net deferred tax asset ("DTA") /liability ("DTL") at December 31, 2024 are as follows:

	December 31, 2024			December 31, 2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col 4 + 5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7 + 8) Total
(a) Gross DTAs	\$ 781,413	\$ 3,144	\$ 784,557	\$ 1,187,870	\$ 4,919	\$ 1,192,789	\$ (406,457)	\$ (1,775)	\$ (408,232)
(b) Statutory valuation allowance adjustments	\$ —	\$ 3,144	\$ 3,144	\$ —	\$ —	\$ —	\$ —	\$ 3,144	\$ 3,144
(c) Adjusted Gross DTAs (1a - 1b)	\$ 781,413	\$ —	\$ 781,413	\$ 1,187,870	\$ 4,919	\$ 1,192,789	\$ (406,457)	\$ (4,919)	\$ (411,376)
(d) DTAs Nonadmitted	\$ 92,891	\$ —	\$ 92,891	\$ 32,632	\$ —	\$ 32,632	\$ 60,259	\$ —	\$ 60,259
(e) Subtotal Net Admitted DTAs (1c - 1d)	\$ 688,522	\$ —	\$ 688,522	\$ 1,155,238	\$ 4,919	\$ 1,160,157	\$ (466,716)	\$ (4,919)	\$ (471,635)
(f) DTLs	\$ 1,180	\$ —	\$ 1,180	\$ 14,217	\$ —	\$ 14,217	\$ (13,037)	\$ —	\$ (13,037)
(g) Net Admitted DTAs (DTLs) (1e - 1f)	\$ 687,342	\$ —	\$ 687,342	\$ 1,141,021	\$ 4,919	\$ 1,145,940	\$ (453,679)	\$ (4,919)	\$ (458,598)

(2) Admission Calculation Components SSAP No. 101

	12/31/2024			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col 4 + 5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 661,864	\$ —	\$ 661,864	\$ 1,138,431	\$ —	\$ 1,138,431	\$ (476,567)	\$ —	\$ (476,567)
(b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above after application of the threshold limitation (The lesser of 2(b) 1 and 2(b) 2 below)	\$ 25,478	\$ —	\$ 25,478	\$ 7,509	\$ —	\$ 7,509	\$ 17,969	\$ —	\$ 17,969
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 25,478	\$ —	\$ 25,478	\$ 7,509	\$ —	\$ 7,509	\$ 17,969	\$ —	\$ 17,969
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$8,366,972	XXX	XXX	\$6,093,773	XXX	XXX	\$2,273,199
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 1,180	\$ —	\$ 1,180	\$ 14,217	\$ —	\$ 14,217	\$ (13,037)	\$ —	\$ (13,037)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 688,522	\$ —	\$ 688,522	\$ 1,160,157	\$ —	\$ 1,160,157	\$ (471,635)	\$ —	\$ (471,635)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

(3) Threshold Limitation

	12/31/2024	12/31/2023
		(in whole dollars)
(a) RBC percentage used to determine recovery period and threshold limitation amount	873%	704%
(b) Amount of total adjusted capital used to determine recovery period and threshold limitation	\$56,467,156	\$42,002,369

(4) Impact of tax-planning Strategies

	12/31/2024		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 781,413	\$ —	\$1,187,870	\$ 4,919	\$	\$ (4,919)
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 688,522	\$ —	\$1,155,238	\$ 4,919	\$	\$ (4,919)
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____	No X				

B. Regarding deferred tax liabilities that are not recognized: Not Applicable

C. Current income taxes incurred consist of the following major components:

	12/31/2024	12/31/2023	Change
1. Current Income Tax			
(a) Federal	\$ 3,467,973	\$ 2,873,426	\$ 594,547
(b) Foreign	\$ —	\$ —	\$ —
(c) Subtotal	\$ 3,467,973	\$ 2,873,426	\$ 594,547
(d) Federal income tax on net capital gains	\$ —	\$ —	\$ —
(e) Utilization of capital loss carry-forwards	\$ —	\$ —	\$ —
(f) Other	\$ —	\$ —	\$ —
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 3,467,973	\$ 2,873,426	\$ 594,547
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 107,991	\$ 89,264	\$ 18,727
(2) Unearned premium reserve	\$ 161,615	\$ 187,719	\$ (26,104)
(3) Policyholder reserves	\$ 309,632	\$ 369,494	\$ (59,862)
(4) Investments	\$ —	\$ —	\$ —
(5) Deferred acquisition costs	\$ —	\$ —	\$ —
(6) Policyholder dividends accrual	\$ —	\$ —	\$ —
(7) Fixed assets	\$ —	\$ —	\$ —
(8) Compensation and benefits accrual	\$ —	\$ —	\$ —
(9) Pension accrual	\$ —	\$ —	\$ —
(10) Receivables – nonadmitted	\$ 145,226	\$ 476,936	\$ (331,710)

Notes to Financial Statements

(11) Net operating loss carry-forward	\$ —	\$ —	\$ —
(12) Tax credit carry-forward	\$ —	\$ —	\$ —
(13) Other	\$ 56,949	\$ 64,457	\$ (7,508)
(99) Subtotal (sum of 2a1 through 2a13)	\$ 781,413	\$ 1,187,870	\$ (406,457)
(b) Statutory valuation allowance adjustment	\$ —	\$ —	\$ —
(c) Nonadmitted	\$ 92,891	\$ 32,632	\$ 60,259
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 688,522	\$ 1,155,238	\$ (466,716)
(e) Capital:			
(1) Investments	\$ —	\$ —	\$ —
(2) Net capital loss carry-forward	\$ 3,144	\$ 4,919	\$ (1,775)
(3) Real estate	\$ —	\$ —	\$ —
(4) Other	\$ —	\$ —	\$ —
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 3,144	\$ 4,919	\$ (1,775)
		\$ —	\$ —
(f) Statutory valuation allowance adjustment	\$ 3,144	\$ —	\$ 3,144
(g) Nonadmitted	\$ —	\$ —	\$ —
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ —	\$ 4,919	\$ (4,919)
(i) Admitted deferred tax assets (2d + 2h)	\$ 688,522	\$ 1,160,157	\$ (471,635)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 1,180	\$ 14,217	\$ (13,037)
(2) Fixed assets	\$ —	\$ —	\$ —
(3) Deferred and uncollected premium	\$ —	\$ —	\$ —
(4) Policyholder reserves	\$ —	\$ —	\$ —
(5) Other	\$ —	\$ —	\$ —
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 1,180	\$ 14,217	\$ (13,037)
(b) Capital			
(1) Investments	\$ —	\$ —	\$ —
(2) Real estate	\$ —	\$ —	\$ —
(3) Other	\$ —	\$ —	\$ —
(99) Subtotal (3b1+3b2+3b3)	\$ —	\$ —	\$ —
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 1,180	\$ 14,217	\$ (13,037)
4. Net DTAs/DTLs (2i - 3c)	\$ 687,342	\$ 1,145,940	\$ (458,598)

The change in net deferred income taxes is comprised of the following :

	12/31/2024	12/31/2023	Change
Total deferred tax assets	\$ 781,413	\$ 1,192,789	\$ (411,376)
Total deferred tax liabilities	\$ 1,180	\$ 14,217	\$ (13,037)
Net deferred tax assets/liabilities	\$ 780,233	\$ 1,178,572	\$ (398,339)
Tax effect of unrealized gains/losses			\$ —
Change in net deferred income taxes			\$ (398,339)

The Company evaluates the need for a valuation allowance against its deferred tax assets considering all available positive and negative evidence. Based on its analysis, the Company concluded that it is more likely than not that all or some portion of the deferred tax asset will not be realized. The Company has a valuation allowance against its deferred tax assets of \$3,144 and \$0 at December 31, 2024 and December 31, 2023, respectively, as the Company does not have a history of 3-year cumulative positive earnings. Valuation allowance will be provided until it becomes more likely than not that the benefit of the deferred tax assets will be realized.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

D. Effective Tax Rate Reconciliation

		<u>12/31/2024</u>		<u>12/31/2023</u>
		Effective Tax Rate		Effective Tax Rate
Income/ (Loss) before income tax	\$ 16,811,789		\$ 13,971,965	
Income tax expense at Federal Statutory Rate	\$ 3,530,476	21.00 %	\$ 2,934,113	21.00 %
Change in non-admitted assets	\$ 331,710	1.97 %	\$ (136,899)	(0.98)%
Change in valuation allowance	\$ 3,144	0.02 %	\$ —	— %
Other	\$ 982	0.01 %	\$ —	— %
Total income tax expense (benefit)	\$ 3,866,312	23.00 %	\$ 2,797,214	20.02 %
Federal current tax expense (benefit)	\$ 3,467,973	20.63 %	\$ 2,873,426	20.57 %
Change in deferred income tax expense (benefit)	\$ 398,339	2.37 %	\$ (76,212)	(0.56)%
Total income tax expense (benefit)	\$ 3,866,312	23.00 %	\$ 2,797,214	20.01 %

E. As of December 31, 2024, the Company has no unused operating loss carryforwards.

The Company had no deposits at December 31, 2024 under section 6603 of the Code.

F. Not Applicable

G. The Company complies with the NAIC's statutory accounting and reporting guidelines regarding tax loss contingencies under SSAP No. 5R, Liabilities, Loss Contingencies and Impairments of Assets. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date. The Company began operations during 2017 and is open to federal tax examination for the tax years 2021 through 2023.

H. Repatriation Tax: Not Applicable

I. Alternative Minimum Tax Credit

- i. On August 16, 2022, the Inflation Reduction Act of 2022 ("Act") was signed into law. The Act includes a new Federal alternative minimum tax ("AMT"), effective January 1, 2023, that is based on the adjusted financial statement income ("AFSI") set forth on the applicable financial statement ("AFS") of an applicable corporation. A corporation is an applicable corporation if its rolling average pre-tax AFSI over three prior years (starting with 2021-2023) is greater than \$1 billion. For a group of related entities, the \$1 billion threshold is determined on a group basis, and the group's AFS is generally treated as the AFS for all separate taxpayers in the group. An applicable corporation is not automatically subject to an AMT liability. The corporation's tentative AMT liability is equal to 15% of its adjusted AFSI, and AMT is payable to the extent the tentative AMT liability exceeds regular corporate income tax. However, any AMT paid would be indefinitely available as a credit carryover that could reduce future regular tax in excess of AMT.
- ii. The Company, and the controlled group of corporations of which the reporting entity is a member, has determined that they do not expect to be liable for AMT for the 2024 tax year.
- iii. Based upon information available as of December 31, 2024, the controlled group of corporations of which the Company is a member, does not expect to qualify as an applicable corporation.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.-D. Oscar Health Inc. ("OHI" or the "Parent") funds the Company, if necessary, in order to support ongoing operations and meet the reserve requirements established by the ODI. The Company received no capital contributions during 2024 and 2023.

The Company paid \$0 and \$10,000,000 in dividends in 2024 and 2023, respectively, to its parent (see Note 13).

Effective 2024, the Company ("Borrower") entered into a revolving credit agreement with Oscar Buckeye State Insurance Corporation ("Lender") at an interest rate equal to the Secured Overnight Financing Rate ("SOFR"). This agreement allows the Company to draw up to a limit in aggregate principal amount of \$15,000,000 from the Lender. As of December 31, 2024, the Company had no outstanding balances due to the Lender related to this agreement.

The Company was due to pay \$742,175 to its affiliate, Oscar Management Corporation ("OMC"), as of December 31, 2024 for operating expenses paid on the Company's behalf. The Company is billed 30 days following the close of the month and will then reimburse these amounts 15 days after receipt of invoice.

E. Certain general and administrative costs, including personnel and facility costs as well as charges for legal, marketing and accounting services are paid by OMC and subsequently reimbursed by affiliated companies.

F. None

Notes to Financial Statements

G. All outstanding shares of the Company are owned by the parent company, OHI an insurance holding company domiciled in the State of Delaware.

H. The Company owns no shares of an upstream, intermediate, or ultimate parent, either directly or indirectly.

I-O. None

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A-D. Not Applicable

E. Defined Contribution Plans

OHI sponsors certain 401(k) Plans for its employees which are funded by voluntary contributions with an employer match. OMC charges the subsidiaries with its share of the employer match. The Company incurred approximately \$41,793 and \$43,549 for the twelve months ended December 31, 2024 and 2023, respectively, in 401(k) matching contribution expense.

F-I. Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. The Company has 10,000 shares, with a par value of \$0.01, that are authorized, issued and outstanding as of December 31, 2024. All shares are Class A shares.

B. No preferred stock has been authorized.

C. Under Ohio law, the Company may pay cash dividends only from earned surplus determined on a statutory basis. Further, the Company is restricted (on the basis of the lower of 10% of the Company's statutory surplus as shown by its last statement on file with the superintendent, or one hundred percent of adjusted net investment income for such period) as to the amount of dividends it may declare or pay in any twelve month period without the prior approval of the ODI.

D. The Company paid an ordinary dividend in the amount of \$4,146,433 out of statutory unassigned surplus on November 7, 2023.

The Company also paid \$5,853,567 out of Gross paid in and contributed surplus on November 7, 2023.

E-M. Not Applicable

14. Liabilities, Contingencies and Assessments - Not Applicable

15. Leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. Fair value represents the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants. The Company's financial assets and liabilities measured at fair value on a recurring basis are categorized into a three-level fair value hierarchy based on the priority of the inputs used in the fair value valuation technique.

The levels of the fair value hierarchy are as follows:

Level 1 - Inputs utilize quoted (unadjusted) prices in active markets for identical assets or liabilities.

Level 2 - Inputs utilize quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; or model-derived valuations in which all significant inputs are observable in active markets.

Level 3 - Inputs utilized are unobservable but significant to the fair value measurement for the asset or liability. The unobservable inputs are used to measure fair value to the extent relevant observable inputs are not available. The unobservable inputs typically reflect management's own estimates about the assumptions a market participant would use in pricing the asset or liability.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

A. Fair Value

(1) Fair Value Measurements at Reporting Date:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks					
Bonds					
U.S. Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Common Stocks					
Derivative assets					
Interest rate contracts					
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value/NAV					
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

(2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value as of December 31, 2024 and December 31, 2023.

(3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2, or 3 of any financial assets or liabilities during the periods ended December 31, 2024 and December 31, 2023.

(4) Fair values of debt and equity securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes.

(5) The Company does not have any derivative assets and liabilities.

B. Fair Value Combination - Not Applicable

C. Fair Value Hierarchy at December 31, 2024.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 1,289,505	\$ 1,289,618	\$ —	\$ 1,289,505	\$ —	\$ —	\$ —
Cash Equivalents	\$ 13,230	\$ 13,230	\$ 13,230	\$ —	\$ —	\$ —	\$ —

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Investments Measured Using the NAV Practical Expedient - Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

Type I – Recognized Subsequent Events:

There have been no Type I events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

Type II – Unrecognized Subsequent Events:

There have been no Type II events. Subsequent Events have been considered through March 1, 2025 for the statutory statement issued on March 1, 2025.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes() No (X)

(2) Have any policies issued by the corporation been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, either directly or indirectly, by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes() No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes() No (X)

a. Not Applicable

b. The total amount of reinsurance credits taken as an asset or reduction of a liability is \$42,062.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits for other reinsurance agreements with the same insurer, exceed the total of direct premium collected under the reinsured policies?

Yes() No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated change in surplus for elimination of all reinsurance amounts would be \$(9,744).

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes() No (X)

B. Uncollectable Reinsurance - Not Applicable

C. Commutation of Reinsurance - Not Applicable

D. Certified Reinsurer Downgraded or Status Subject to Revocation - Not Applicable

E. Reinsurance Credit

(1) - Not Applicable

(2) - Not Applicable

(3) - Not Applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

(4) Has the Company reflected reinsurance accounting credit for any contracts that are not subject to Appendix A-791 and not yearly renewable term reinsurance, which meet the risk transfer requirements of SSAP No. 61R?

Type of contract:	Response:	Identify reinsurance contract(s):	Has the insured event(s) triggering contract coverage been recognized?
Assumption reinsurance – new for the reporting period[1]	Yes () No (X)		N/A
Non-proportional reinsurance, which does not result in significant surplus relief	Yes (X) No ()	ODYSSEY REINS CO.	Yes (X) No () N/A ()

[1] This disclosure relates to ceding companies with assumption reinsurance agreements (paragraph 60 of SSAP 61R) entered into during the current year for which indemnity reinsurance is being applied for policyholders who have not yet agreed to the transfer to the new insurer or for which the regulator has not yet approved the novation to the new insurer.

(5-6) - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-D. Not Applicable

E. Risk Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?
YES

The Company had zero balances for the risk corridors and reinsurance programs due to the termination of this portion of the programs.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

Description							Amount
a. Permanent ACA Risk Adjustment Program							
Assets							
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)							
\$ 57,964,473							
Liabilities							
2. Risk adjustment user fees payable for ACA Risk Adjustment							
\$ 26,706							
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)							
\$ 716							
Operations (Revenue & Expense)							
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment							
\$ 54,344,976							
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)							
\$ 30,797							

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

					Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8	9	10	
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	
a. Permanent ACA Risk Adjustment Program											
1.Premium - adjustments receivable (including high risk pool payments)	\$ 47,237,082		\$ 43,300,665	\$ —	\$ 3,936,417	\$ —	\$ (3,966,480)	\$ —	A	\$ (30,063)	
2.Premium - adjustments (payable) (including high risk		\$ 318,352				\$ 318,352		\$ (318,352)	B	\$ —	
3.Subtotal ACA Permanent Risk Adjustment Program	\$ 47,237,082	\$ 318,352	\$ 43,300,665	\$ —	\$ 3,936,417	\$ 318,352	\$ (3,966,480)	\$ (318,352)		\$ (30,063)	

A. Re-estimation due to having more up to date market data.

B. Re-estimation due to having more up to date market data.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE **Oscar Insurance Corporation of Ohio**
Notes to Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2023 were \$24,460,822. As of December 31, 2024, \$15,612,311 has been paid for insured claims and claim adjustment expenses attributable to insured events of the prior years. Reserves remaining for prior years are now \$4,745,497 as a result of re-estimation of unpaid claims and claim adjustment principally on our health line of business. Therefore, there has been \$(4,103,014) of unfavorable (favorable) prior-year development from December 31, 2023 to December 31, 2024. The increase(decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses, including reasons for the change and the effects on the financial statements, for the most recent reporting period presented.

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2024	\$ 4,110,805	\$ 756,418	\$ —	\$ —	\$ —
9/30/2024	\$ 4,089,887	\$ 3,963,090	\$ —	\$ 4,681,566	\$ —
6/30/2024	\$ 3,951,836	\$ 3,951,843	\$ —	\$ 4,674,984	\$ 4,281
3/31/2024	\$ 3,654,270	\$ 3,654,276	\$ —	\$ 4,440,501	\$ 36,196
12/31/2023	\$ 3,142,229	\$ 3,142,237	\$ —	\$ 2,940,165	\$ 66,511
9/30/2023	\$ 2,775,759	\$ 2,775,766	\$ 2,071,772	\$ —	\$ 538,639
6/30/2023	\$ 2,740,385	\$ 2,740,392	\$ 2,239,825	\$ 40,682	\$ 93,570
3/31/2023	\$ 2,484,231	\$ 2,484,238	\$ 1,556,626	\$ 525,328	\$ 43,762
12/31/2022	\$ 2,407,614	\$ 2,407,620	\$ 1,534,515	\$ 307	\$ 527,811
9/30/2022	\$ 1,972,450	\$ 1,972,456	\$ 1,466,797	\$ 491,915	\$ 13,486
6/30/2022	\$ 1,991,714	\$ 1,991,720	\$ —	\$ 1,951,858	\$ 103,490
3/31/2022	\$ 1,879,673	\$ 1,858,744	\$ —	\$ 27,985	\$ 1,808,412

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies- Not Applicable

30. Premium Deficiency Reserves

(1) Liability carried for premium deficiency reserves	\$0
(2) Date of the most recent evaluation of this liability	December 31, 2024
(3) Was anticipated investment income utilized in this calculation? YES	

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

2.2 If yes, date of change:

Yes[X] No[] N/A[]
 Ohio
 Yes[X] No[]
 0001568651

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?
 Participating States: AZ, FL, GA, NC, NJ, NY, OH, PA, TX

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2020
 12/31/2020
 08/29/2022

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?
 4.22 renewals?

Yes[] No[X]
 Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,

7.21 State the percentage of foreign control

0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

Yes[] No[X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes[] No[X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[X] N/A[]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Pricewaterhouse Coopers LLC, Two Commerce Square - Suite 1800, 2001 Market Street, Philadelphia, PA 19103

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]

10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William Ober (Chief Actuary) 75 Varick Street, New York, NY 10013

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[] No[X]

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value
\$..... 0

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year?
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s).
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[] No[X]
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)
\$..... 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)
\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other
\$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[X] No[]

22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid
\$..... (43,300,665)
\$..... 0
\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
\$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes[X] No[]

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$..... 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$..... 0

25.093 Total payable for securities lending reported on the liability page. \$..... 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes[X] No[]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$..... 0

26.22 Subject to reverse repurchase agreements \$..... 0

26.23 Subject to dollar repurchase agreements \$..... 0

26.24 Subject to reverse dollar repurchase agreements \$..... 0

26.25 Placed under option agreements \$..... 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$..... 0

26.27 FHLB Capital Stock \$..... 0

26.28 On deposit with states \$..... 415,034

26.29 On deposit with other regulatory bodies \$..... 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$..... 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$..... 0

26.32 Other \$..... 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[] No[X]

27.4 If the response to 27.3 is yes, does the reporting entity utilize:

27.41 Special Accounting Provision of SSAP No. 108 Yes[] No[X]

27.42 Permitted Accounting Practice Yes[] No[X]

27.43 Other Accounting Guidance Yes[] No[X]

27.5 By responding yes to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$..... 0

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
U.S. Bank NA	1 Federal Street Boston, MA 02110

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes[] No[X]

29.04 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES (Continued)

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
JP Morgan Asset Management	U

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107038	J.P. Morgan Asset Management	549300W78QHV4XMM6K69 ..	SEC	NO

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2	3
1	2	3
.....
.....
.....
31.1 Bonds	1,289,618	1,289,506
31.2 Preferred stocks .....	.....	.....
31.3 Totals	1,289,618	1,289,506
		(112)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair value is determined in line with SSAP 100R. Level 1 is based on the quoted market price in active markets for the exact assets. Level 2 is based on the quoted market price in active markets for similar assets. Level 3 involves alternative valuation methods.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes[] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[] No[] N/A[X]

38.1 Does the reporting entity directly hold cryptocurrencies?

Yes[] No[X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes[] No[X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes[] No[]

39.22 Immediately converted to U.S. dollars

Yes[] No[]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....

OTHER

40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

41.1 Amount of payments for legal expenses, if any?

\$ 0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$ 0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

	Yes [] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	\$..... 0
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	\$..... 0
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	155,842,465	144,883,843
2.2 Premium Denominator	155,842,465	144,883,843
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	34,038,765	30,573,829
2.5 Reserve Denominator	34,038,765	30,573,829
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 1,200,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

We believe that our surplus together with our claims reserve provision, allowance for unpaid claims adjustment expenses, the federal government's stop loss insurance program and excess of loss reinsurance agreement with a private carrier will meet the financial obligations to our subscribers and their dependents.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 28,594
8.2 Number of providers at end of reporting year	..... 32,223

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 13,143,326
10.22 Amount actually paid for year bonuses	\$..... 1,695,755
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[] No[X]

- 11.12 A Medical Group/Staff Model,
- 11.13 An Individual Practice Association (IPA), or,
- 11.14 A Mixed Model (combination of above)?

Yes[] No[X]

Yes[] No[X]

Yes[X] No[]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

Yes[] No[X]

11.4 If yes, show the amount required.

Yes[] No[X]

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation.

300% of ACL in the Company's RBC filing.

Yes[] No[X]

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ashtabula County
Cuyahoga County
Geauga County
Lake County
Lorain County
Medina County
Portage County
Stark County
Summit County
Tuscarawas County

GENERAL INTERROGATORIES (Continued)

1	Name of Service Area
Wayne County	

13.1 Do you act as a custodian for health savings accounts? Yes[] No[X] \$..... 0
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$..... 0
 13.3 Do you act as an administrator for health savings accounts? Yes[] No[X] \$..... 0
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes[] No[] N/A[X]
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written \$..... 0
 15.2 Total incurred claims \$..... 0
 15.3 Number of covered lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[] No[X]
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	100,004,706	81,127,192	83,203,821	66,361,864	57,582,741
2. TOTAL Liabilities (Page 3, Line 24)	43,537,550	39,124,823	41,739,494	26,658,167	20,240,283
3. Statutory minimum capital and surplus requirement	19,173,723	17,408,211	18,225,180	15,196,050	1,710,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	56,467,156	42,002,369	41,464,327	39,703,697	37,342,458
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	155,842,465	144,883,843	128,004,466	96,974,415	95,624,247
6. TOTAL Medical and Hospital Expenses (Line 18)	126,923,904	119,457,325	116,734,826	81,851,067	78,133,656
7. Claims adjustment expenses (Line 20)	1,574,315	1,316,800	1,244,516	1,022,836	1,397,157
8. TOTAL Administrative Expenses (Line 21)	11,535,853	11,383,171	10,309,611	10,061,085	9,066,978
9. Net underwriting gain (loss) (Line 24)	15,808,393	12,726,547	(284,487)	4,039,427	7,026,456
10. Net investment gain (loss) (Line 27)	1,003,396	1,245,418	339,579	10,878	72,823
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	13,343,816	11,098,539	(126,767)	3,103,944	5,203,322
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	896,975	(1,375,464)	(3,780,296)	11,335,175	10,233,233
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	56,467,156	42,002,369	41,464,327	39,703,697	37,342,458
15. Authorized control level risk-based capital	6,391,241	5,802,737	6,082,713	5,065,388	4,273,566
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	10,521	10,679	10,684	10,145	10,061
17. TOTAL Members Months (Column 6, Line 7)	127,170	130,086	132,388	121,457	122,807
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	81.4	82.5	91.2	84.4	81.7
20. Cost containment expenses	0.5	0.7	0.9	0.2	0.9
21. Other claims adjustment expenses	0.5	0.2	0.1	0.8	0.6
22. TOTAL Underwriting Deductions (Line 23)	89.9	91.2	100.2	95.8	92.7
23. TOTAL Underwriting Gain (Loss) (Line 24)	10.1	8.8	(0.2)	4.2	7.3
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 17, Column 5)	20,249,646	19,620,530	14,532,909	4,535,032	9,334,785
25. Estimated liability of unpaid claims-[prior year (Line 17, Column 6)]	25,049,274	27,336,015	13,547,959	9,164,224	10,029,181
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama (AL)	N										
2. Alaska (AK)	N										
3. Arizona (AZ)	N										
4. Arkansas (AR)	N										
5. California (CA)	N										
6. Colorado (CO)	N										
7. Connecticut (CT)	N										
8. Delaware (DE)	N										
9. District of Columbia (DC)	N										
10. Florida (FL)	N										
11. Georgia (GA)	N										
12. Hawaii (HI)	N										
13. Idaho (ID)	N										
14. Illinois (IL)	N										
15. Indiana (IN)	N										
16. Iowa (IA)	N										
17. Kansas (KS)	N										
18. Kentucky (KY)	N										
19. Louisiana (LA)	N										
20. Maine (ME)	N										
21. Maryland (MD)	N										
22. Massachusetts (MA)	N										
23. Michigan (MI)	N										
24. Minnesota (MN)	N										
25. Mississippi (MS)	N										
26. Missouri (MO)	N										
27. Montana (MT)	N										
28. Nebraska (NE)	N										
29. Nevada (NV)	N										
30. New Hampshire (NH)	N										
31. New Jersey (NJ)	N										
32. New Mexico (NM)	N										
33. New York (NY)	N										
34. North Carolina (NC)	N										
35. North Dakota (ND)	N										
36. Ohio (OH)	L	155,985,950								155,985,950	
37. Oklahoma (OK)	N										
38. Oregon (OR)	N										
39. Pennsylvania (PA)	N										
40. Rhode Island (RI)	N										
41. South Carolina (SC)	N										
42. South Dakota (SD)	N										
43. Tennessee (TN)	N										
44. Texas (TX)	N										
45. Utah (UT)	N										
46. Vermont (VT)	N										
47. Virginia (VA)	N										
48. Washington (WA)	N										
49. West Virginia (WV)	N										
50. Wisconsin (WI)	N										
51. Wyoming (WY)	N										
52. American Samoa (AS)	N										
53. Guam (GU)	N										
54. Puerto Rico (PR)	N										
55. U.S. Virgin Islands (VI)	N										
56. Northern Mariana Islands (MP)	N										
57. Canada (CAN)	N										
58. Aggregate other alien (OT)	XXX										
59. Subtotal	XXX	155,985,950								155,985,950	
60. Reporting entity contributions for Employee Benefit Plans	XXX										
61. TOTAL (Direct Business)	XXX	155,985,950								155,985,950	

DETAILS OF WRITE-INS

58001	XXX									
58002	XXX									
58003	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

4. Q - Qualified - Qualified or accredited reinsurer

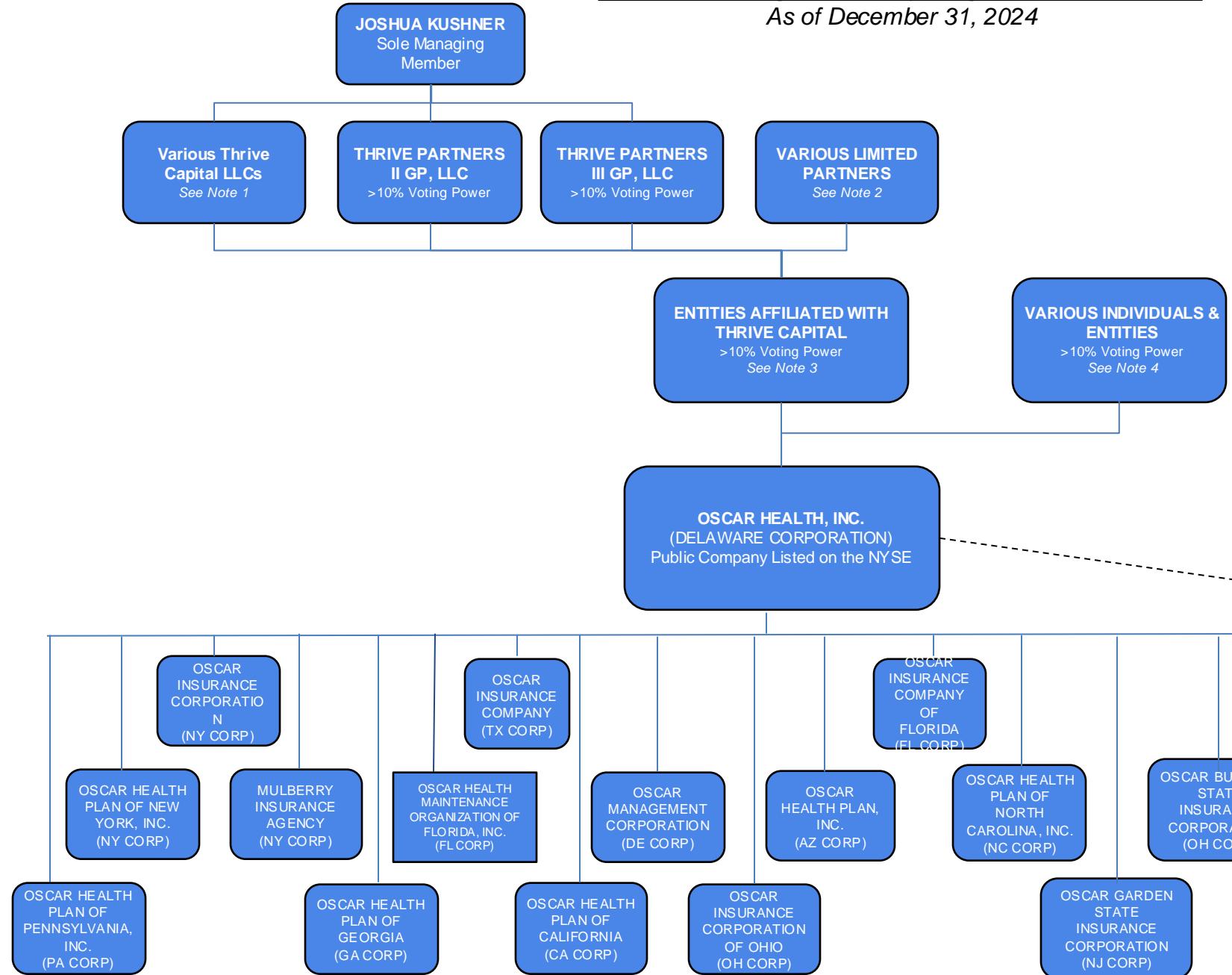
5. N - None of the above - Not allowed to write business in the state

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(b) Explanation of basis of allocation by states, premiums by state, etc.: All premiums written within the state of Ohio.

Oscar Holding Company Organizational Chart

As of December 31, 2024



Key

Voting Power: Means the votes entitled to be cast by a holder of Class A and/or Class B common stock as a percentage of total votes entitled to be cast by holders of Oscar Health, Inc.'s outstanding Class A and Class B common stock. Each share of Class A common stock is entitled to one vote. Each share of Class B common stock is entitled to 20 votes.

Note 1: Note that these entities are general partners of a Thrive Capital fund each with less than 10% Voting Power of Oscar Health, Inc. ("OHI"). These entities as well as Thrive Partners II GP, LLC and Thrive Partners III GP, LLC, are controlled by their sole managing member, Joshua Kushner, and do not independently control the entities affiliated with Thrive Capital. For more information, see Thrive Capital's Schedule 13D with respect to OHI filed with the SEC.

Note 2: Such limited partners are passive investors and do not control the entities affiliated with Thrive Capital.

Note 3: Entities affiliated with Thrive Capital include Thrive Capital Partners II, L.P., Thrive Capital Partners III, L.P., Thrive Capital Partners V, L.P., Thrive Capital Partners VI Growth, L.P., Thrive Capital Partners VII Growth, L.P., Claremont TW, L.P., Claremont V Associates, L.P., Claremont VI Associates, L.P., and Claremont VII Associates, L.P.

Note 4: No such individual or entity holds 10% or more of OHI's Voting Power.

Note 5: OHI holds 50% equity, FCHN Holy Cross Holdco, LLC holds 50% equity.

Note 6: Oscar Medical Group is comprised of four physician-owned professional corporations, each wholly owned by a single physician. OHI has a controlling financial interest in each entity, each entity is included in OHI's consolidated financial statements, and therefore they are included here.

***Immaterial and/or dormant subsidiaries are not pictured in this org chart*

